

L05000110399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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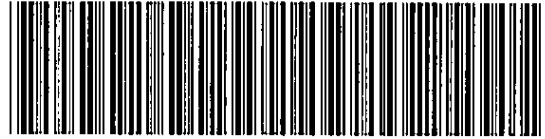
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*  
10/27/17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trade Way Commerce Partners, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M Dryden

\_\_\_\_\_  
Name of Person

Thomas M Dryden, P.L.

\_\_\_\_\_  
Firm/Company

1705 Colonial Blvd., B-3

\_\_\_\_\_  
Address

Fort Myers, FL 33907

\_\_\_\_\_  
City/State and Zip Code

billm@fireserviceusa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Dryden

239 337-2001  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Trade Way Commerce Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/05 and assigned  
Florida document number L05000110399.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3120 Winkler Ave., Ext. 30

Fort Myers, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>            | <u>Type of Action</u>                   |
|--------------|--------------------|---------------------------|---|
| MGRM         | 4M Management, LLC | 3120 Winkler Ave., Ext 30 | <input checked="" type="checkbox"/> Add |
|              |                    | Fort Myers, FL 33916      | <input type="checkbox"/> Remove         |
|              |                    |                           | <input type="checkbox"/> Change         |
|              |                    |                           | <input type="checkbox"/> Add            |
|              |                    |                           | <input type="checkbox"/> Remove         |
|              |                    |                           | <input type="checkbox"/> Change         |
|              |                    |                           | <input type="checkbox"/> Add            |
|              |                    |                           | <input type="checkbox"/> Remove         |
|              |                    |                           | <input type="checkbox"/> Change         |
|              |                    |                           | <input type="checkbox"/> Add            |
|              |                    |                           | <input type="checkbox"/> Remove         |
|              |                    |                           | <input type="checkbox"/> Change         |
|              |                    |                           | <input type="checkbox"/> Add            |
|              |                    |                           | <input type="checkbox"/> Remove         |
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|              |                    |                           | <input type="checkbox"/> Change         |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 11, 2017

William R Mante III mgs

Signature of a member or authorized representative of a member

William R. Maute, III

Typed or printed name of signee